MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/601384

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4	1							54						
5		3						55						
6		0						56						
7		0						57						
8		0						58						
9		0						59						
10		0						60						
11	1							61						
12		1						62						
13		1						63						
14		1						64						
15	1							65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25	1							75						
26	1							76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33	1							83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40	1							90						
41		1						91						
42		1						92						
43	1							93						
44		1						94						
45	1							95						
46		1						96						
47	1							97						
48		1						98						
49		1						99						
50								100						
TOTAL IND.	14							TOTAL IND.						
TOTAL DEP.	37							TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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